Adoption of a comprehensive health policy

1223. SHRI KRISHNA KUMAR BIRLA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government propose to adopt a comprehensive national health policy to achieve the target of "Health for All by 2000 A.D.";

(b) if so, the salient features of the proposed national health policy;

(c) whether the earlier steps taken to achieve the goal have failed;

(d) if so, the reasons therefor; and

(e) what is the extent to which the new policy will help to achieve the target?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SMT. D. K. THARA DEVI SIDDHARTHA): (a) and (b) A statement is given in Statement I.

(c) and (e) The steps taken for achieving the Health for All by 2000 A.D. have been successful in improving the health status of the country as shown by various indicators given in Statement II. An appropriate infrastructure of health facilities have been established throughout the country with special emphasis on difficult and tribal areas. As on 31-12-90, 1,30,533 sub-centres, 20,540 primary health centres and 1862 community health centres are functioning in the country. Simultaneously, the health manpower has also increased. The total Plan outlay of Health and F.W. has increased from Rs. 65.3 crores (3.3 per cent of the total plan outlay) during the First Plan (1951—56) to Rs. 6,649.2 crores (3.7 per cent of the total Plan outlay) during the 7th Plan period. The Central Council of Health & F.W. reviews the achievements in attaining the various targets under the National Health Policy from time to time.

Statement—I

India is a signatory to Alma Ata Declaration on Health for All by 2000 A.D. The National Health Policy adopted by the Government in 1983 details various measures for achieving the goal of Health for all through universal, comprehensive primary health care services, relevant to the actual needs of priorities of the community at a cost which the people can afford ensuring that the planning and implementation of various health programmes is through the organised involvement and participation of the community, adequately utilising the services being rendered by private voluntary organisations active in the health sector. The National Health Policy contains the following broad approaches:

(i) Establishment of a well dispersed net-work of comprehensive health care services integrally linked with extension and education approach and taking into account that large number of health functions can be performed by well-trained volunteers, auxilliaries and para-medical workers.

This approach has been translated into action by establishment of a huge net-work of health infrastructure and training of voluntary workers and health guides.

(ii) Prioroity to services to people residing in tribal, hilly and backward areas.

The population to be served in these areas are only 3000 as compared to 5000 in other areas per sub-centre.

(iii) Reorientation of the existing health personnel for ensuring emergence of fully integrated health team approach.

All Health and Welfare activities are now fully coordinated and are being delivered to the multi-purpose workers under supervision of

trained supervisors and committed PHC level and district level professionals.

(iv) The health services are working as integral part of the overall and total socio-economic developmental activities and very high priority has been allocated on the coordination between the Health and Health related sectors covering water supply, sanitation, food production and distribution, environmental protection, occupational health services, etc.

All the seven Plans have given high priority to the health development as evident by increasing allotment in terms of the absolute figures of the resource allocation.

(v) Very high priority has been allotted to development of a Management Information System.

A comprehensive Health Management Information System has been devised by the Ministry of Health and F.W. which will operate through the district Information System and the National Informatic Centre (DISNIC) and the information will flow to the State capitals as well as the national capital through the satellite based information system of NIC. The system will be implemented in all the States and UTs. of the country and the First National Meeting involving 9 States/UTs have already taken place on July 11-12, 1991 at New Delhi when the participating States/UTs. endorsed their agreement for implementation of the system.

(vi) Medical research including the Health system research has received high priority as evident by allocation of huge sums in this respect.

(vii) The National Health Policy lays high emphasis on monitoring and review of the progress in the activities towards achieving Health for All. The Government is fully aware of the importance of continuing monitoring and evaluation and the first monitoring of the Health for All activities was undertaken in the country in 1983 followed by the first evaluation in 1985. This was followed by second monitoring in 1988 and second evaluation in 1990-91. Besides, all the National Health and Family Welfare programmes are continuously monitored and followed by the in-built process of monitoring as well as by independent group of experts.

Statement-II

Goals for Health and Family Welfare programme in terms of 'Health for all' by 2000 A.D.

Sr. No.	Indicator	Current level	Goals 1985	Goals 1990	Goals 2000
1	2	3	4	5	6
1	Infant Mortality Rate				
	Rural	102 (1988)	122		
	Urban	61 (1988)	60		
	Combined	94 (1988)	106	87	below 60
2	Preinatal mortality				
	Crude death. . . .	50.1 (1987)			30–35
2 (a)	Crude death rate . .	10.9 (1988)	12	10.4	9.00
3	Pre-school child (1–5yrs) mortality	24 (1976-77)	20—24	15—20	10

1	2	3	4	5	6
4	Maternal mortality rate	4—5 (1976)	3—4	2—3	below 2
5	Life expectancy at birth (yrs)				
	Male	60.6 (1991-96)	55.1	57.6	64
	Female	61.7 (1991-96)	54.3	57.1	64
6	Babies with birth weight below 2500 gms (percentage) .	30	25	18	10
7	Crude birth rate . . .	31.3 (1988)	31	27.0	21.0
8	Effective couple protection (percentage)	39.9 (March, 88)	37.0	42.0	60.0
9	Net reproduction rate (NRR) .	14.8 (1981)	1.34	1.17	1.00
10	Growth Rate (annual) . .	2.12 (1987)	1.90	1.66	1.20
11	Family size	4.4 (1975)	3.8		2.3
12	Pregnant mother—receiving ante-natal care(%) . .	60 (1988)	50—60	60—75	100
13	Delivery by trained birth attendants (%) . . .	40—50 (1988)	50	80	100
14	Immunization Status (%), scoverage TT for pregnant women) . .	69.9 (1989-90)	60	100	100
	TT for school (children) 10 yrs. .	58.9 (1989-90)	40	100	100
	DPT (children below 3 years) .	98.6 (1989-90)	70	85	85
	Polio (infants) . . .	98.2 (1989-90)	50	70	85
	BCG (infants) . . .	106.8 (1989-90)	70	80	85
	DT (new school entrants 5-6 yrs)	76.9 (1989-90)	80	85	85
	Typhiod (new school entrants 5-6 yrs) . . .	62.6 (1987-88)	70	85	85
15	Leprosy-percentages of disease arrested cases out of those detected	24 (1989-90)	40	60	80
16	TB percentage of disease arrested cases out of those detected .	65 (1989-90)	60	75	90
17	Blindness-Incidence of (%) .	1.4 (1987-88)	1	0.7	0.30

£ Source : National Health Policy, 1983

• –Cases cured after 1983, out of the 4 million estimated leprosy cases.